IN THE UNITED STATES PATENT AND TRADEMARI -20-00 DRS APPLICATION Group Art Unit 1732 Unknown Inventor(s): SANDERSON et al. Examiner: Appln. No.: 09 Atty. Dkt. 244890 436,440 98-32-SE Serial No. ↑ Series Code ↑ M# **Client Ref** Filed: November 9, 1999 SYNTHESIS OF ENERGETIC . . . Appln. Title: **LINKAGES** \Box Hon. Asst. Commissioner of Patents Washington, D.C. 20231 Sir:

This is a reply/amendment/letter in the above-identified application and includes the herewith attachment of same date and subject which is incorporated hereinto by reference and the signature below is treated as the signature to the attachment in absence of a signature thereto.

Date:

June 9, 2000

FEE REQUIREMENTS FOR CLAIMS AS AMENDED

Claims Fee Code Fee Lg/sm	1. "Small Entity" statement(s) filed							
2. Total Effective Claims 30 **minus 30 0 x \$18/\$9 = x \$0 7.03/203 3. Independent Claims 3 ***minus 3 0 0 x \$78/\$39 = x \$0 100/2020 4. If amendment enters proper multiple dependent claim(s) into this application for first time (leave blank if this is a reissue application). 5. Original due Date:			Highest number Pro		Present Extra	Large/Small Entity	Additional	Fee Code
2. Total Effective Claims 30 **minus 30 0 x \$18/\$9 = x\$0 103/202 3. Independent Claims 3 ***minus 3 0 x x\$78/\$39 = x\$0 5 103/202 4. If amendment enters proper multiple dependent claim(s) into this application for first time (leave blank if this is a reissue application). add +\$260/\$130 = +\$0 104/204 5. Original due Date: NONE 6. Petition is hereby made to extend the original due (1 mo) date to cover the date this response is filed for which the (2 mos) \$380/\$190 = +\$0 115/215 date to cover the date this response is filed for which the (2 mos) \$380/\$190 = +\$0 117/217 (Usable only for ≤ 2mo.OA 4 mos) \$1360/\$680 = \$1360/\$680 = \$1850/\$925 = \$1850/\$925 = \$1850/\$925 = \$1850/\$925 = \$1850/\$925 = \$10. If IDS attached requires Official Fee, add or if Rule 97(d) Petition 4 \$130 = 126 11. After-Final Request Fee per rules 129(a) and 17(r) +\$690/345 = +\$0 148/248 12. No. of additional inventions for examination per Rule 129(b) x \$690/345 = +\$0 149/249 13. Request for Continued Examination (RCE) +\$0 179/279 14. Petition fee for	, 		previously paid for				Fee	
3. Independent Claims 3 ***minus 3 0 x \$78\\$39 = +\$0 5 10\\$202 4. If amendment enters proper multiple dependent claim(s) into this application for first time (leave blank if this is a reissue application)	(140.)	aniendinent	nt				15	Lg/Sm
4. If amendment enters proper multiple dependent claim(s) into this application for first time (leave blank if this is a reissue application)	2. Total Effective Claims	30	**minus	30	0	x \$18/\$9 =	+.\$0	103/203
time (leave blank if this is a reissue application)	3. Independent Claims	3	***minus	3	0	x \$78/\$39 =	+350 ⊊	102/202
5. Original due Date: NONE 6. Petition is hereby made to extend the original due to cover the date this response is filed for which the requisite fee is attached (1 mo) \$110/\$55 = \$116/215 \$116/216 \$116/216 \$117/217 \$118/218 \$116/216 \$117/217 \$118/218	4. If amendment enters proper multiple dependent claim(s) into this application for first						0 -	m
5. Original due Date: NONE 6. Petition is hereby made to extend the original due date to cover the date this response is filed for which the requisite fee is attached (2 mos) \$380/\$190 = \$380/\$190 = \$870/\$435 = \$116/216 117/217 118/218	time (leave blank if this is a reissue application)							
6. Petition is hereby made to extend the original due date to cover the date this response is filed for which the requisite fee is attached (3 mos) (Usable only for ≤ 2mo.OA 4 mos) (Usable only for 30 day/1mo.OA 5 mos) 7. Enter any previous extension fee paid since above original due date and subtract 8. Extension Fee Attached 9. If Terminal Disclaimer attached, add Rule 20(d) official fee 1148/248 128 128/228 Extension Fee Attached 148/248 15. If IDS attached requires Official Fee, add or if Rule 97(d) Petition 11. After-Final Request Fee per rules 129(a) and 17(r) 12. No. of additional inventions for examination per Rule 129(b) 13. Request for Continued Examination (RCE) 8. 110/\$55 = +\$0 148/248 15. +\$0 16. +\$0 179/279 16. +\$690/345 = +\$0 179/279 179/279 18. +\$0 18. -\$0 19. -\$	5. Original due Date:							
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9. If Terminal Disclaimer attached, add Rule 20(d) official fee + \$110/\$55 = + \$0 148/248 10. If IDS attached requires Official Fee, or if Rule 97(d) Petition add + \$240 = + \$0 126 11. After-Final Request Fee per rules 129(a) and 17(r) + \$690/345 = + \$0 146/246 12. No. of additional inventions for examination per Rule 129(b) x \$690/345 ea = + \$0 149/249 13. Request for Continued Examination (RCE) + \$690/345 = + \$0 179/279 14. Petition fee for + \$0 179/279	7. Enter any previous extension fee paid since above original due date and subtract - \$0							
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or if Rule 97(d) Petition	10. If IDS attached requires Official Fee,add					+ \$240 =	T &U	
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								179/279
15. TOTAL FEE ENCLOSED = \$0	14. Petition fee for							
	15. TOTAL FEE ENCLOSED =							

16. *If the entry in this space is less than entry in next space, the "Present Extra" result is "0".

PRELIMINARY AMENDMENT

Our Deposit Account No. 03-3975) (Our Order No. 8496 244890 C# M#

CHARGE STATEMENT: The Commissioner is hereby authorized to charge any fee specifically authorized hereafter, or any missing or insufficient fee(s) filed, or asserted to be filed, or which should have been filed herewith or concerning any paper filed hereafter, and which may be required under Rules 16-18 (missing or insufficiencies only) now or hereafter relative to this application and the resulting Official Document under Rule 20, or credit any overpayment, to our Accounting/Order Nos. shown above, for which purpose a duplicate copy of this sheet is attached.

This CHARGE STATEMENT <u>does not authorize</u> charge of the <u>issue fee</u> until/unless an issue fee transmittal sheet is file<u>d</u>

Query: Is appeal deadline now? If so, file Notice of Appeals separately.

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By Atty: David S. Taylor

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NOTE: File this cover sheet in duplicate with PTO receipt (PAT-103A) and attachments

^{17. **}If the "Highest number previously paid for" in this space is less than 20, write "20" in this space.

^{18. ***}If the "Highest number previously paid for" in this space is less than 3, write "3" in this space.